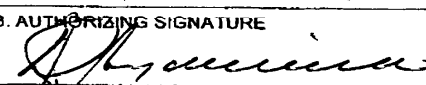
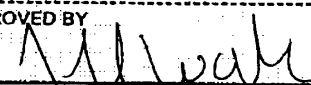


Public Info 633

## APPLICATION FOR PERMIT TO MODIFY (APM)

(Replaces Sundry Notices and Reports on Well)

1. TYPE OF SUBMITTAL <input checked="" type="checkbox"/> REQUEST <input type="checkbox"/> SUBSEQUENT <input type="checkbox"/> CORRECTION APPROVAL REPORT			2. MMS OPERATOR NO. 02547		3. OPERATOR NAME and ADDRESS (Submitting Office) EnCana Oil & Gas (USA) Inc. 3601 C Street Suite 1334 Anchorage, Alaska 99503	
4. WELL NAME McCovey #1		5. SIDETRACK NO.		6. BYPASS NO.		
7. API WELL NO. (12 digits) 55-201-00010-00		8. START DATE (Proposed)		9. PRODUCING INTERVAL CODE		
10. WELL STATUS		11. WATER DEPTH (Surveyed) 35 ft		12. ELEVATION AT KB (Surveyed) 174' RKB to mud line		
WELL AT TOTAL DEPTH				WELL AT SURFACE		
13. LEASE NO. OCS Y - 1578#1				16. LEASE NO. OCS Y - 1577		
14. AREA NAME McCovey				17. AREA NAME McCovey		
15. BLOCK NO. 475				18. BLOCK NO. 475		
19. PROPOSED OR COMPLETED WORK (Describe in Section 22) <input type="checkbox"/> INITIAL COMPLETION <input type="checkbox"/> PERMANENT PLUGGING <input type="checkbox"/> ACIDIZE WITH COIL TUBING <input type="checkbox"/> MULTI-COMPLETION <input type="checkbox"/> TEMPORARY ABANDONMENT <input type="checkbox"/> ARTIFICIAL LIFT (INITIAL) <input type="checkbox"/> RECOMPLETION <input type="checkbox"/> PLUG BACK TO SIDETRACK / BYPASS <input type="checkbox"/> WORKOVER <input type="checkbox"/> MODIFY PERFORATIONS <input checked="" type="checkbox"/> CHANGE IN APPROVED PROCEDURE <input type="checkbox"/> CHANGE ZONE <input type="checkbox"/> OTHER _____ <input type="checkbox"/> FINAL LOCATION PLAT ATTACHED						
20. RIG NAME OR PRIMARY UNIT (e.g., Wireline Unit, Coil Tubing unit, etc.) SDC					21. RIG TYPE Drilling	
22. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Attach Prognosis or Summary of Completed Work, As Appropriate) Modify APD to use 14 day BOP test frequency rather than 7 day, unless conditions or BOP performance warrant, as per noted in MMS 250.407 (2)						
23. CONTACT NAME Don Snyder Miller		24. CONTACT TELEPHONE NO. (907) 770-3700		25. CONTACT E-MAIL ADDRESS don.snydermiller@encana.com		
26. AUTHORIZING OFFICIAL (Type or Print Name) DON SNYDER MILLER		27. TITLE OPERATIONS SUPERINTENDENT				
28. AUTHORIZING SIGNATURE 		29. DATE 24/12/2002				

THIS SPACE FOR MMS USE ONLY		
APPROVED BY 	TITLE RS/FO	DATE 12/3/02

**PAPERWORK REDUCTION ACT OF 1995 (PRA) STATEMENT:** The PRA (44 U.S.C. 3501 et seq.) requires us to inform you that we collect this information to obtain knowledge of equipment and procedures to be used in drilling well-completion, workover, and production operations. MMS uses the information to evaluate and approve or disapprove the adequacy of the equipment and/or procedures to safely perform the proposed operation. Responses are mandatory (43 U.S.C. 1334). Proprietary data are covered under 30 CFR 250.196. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Public reporting burden for this form is estimated to average 1 1/4 hours per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Mail Stop 4230, Minerals Management Service, 1849 C Street, N.W., Washington, DC 20240.